MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 22 Q 1002

863-029950

DO NOT THE				R	egistration District No	318 Prin	nary Registration	District No. 100	15_Registrar's No	_'78'7'7	STATE FILE N	JABER
DO NOT WRITE AMENDED ON THIS STUB					FILED AUG 1 5 1963					· • • • •		
				1	1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before			
VS 300	ENDED								a. SIAIE 1113	inois. Col	Macoupin	admission)
Rev. 4/59	물				b. CITY (If outside cor	porate limits, give TOWN	SHIP only)	Length of stay in 1b	c. CITY OR			Inside Limits
	AME		H			Louis			OR TOWN	Benld		Yes 🕅 No 🗆
	E A				c. FULL NAME OF (IF I	NOT in hospital, give loca	tion)	Inside Limits	d. STREET ADDRESS	•	outside, give location)	Reside on Farm
28/207	/ K	1		I _		rmin Desloge	Hospita	Yes M No 🗆	109	N. Trol	lệy	Yes No M
2 2	╸屵	-	H	<u> </u>	NAME OF DECEASED	First		Middle	Last	4. DATE	Month Day	Year
				ì	(Type or print)	Pete		J.	Gaudino	OF DEATH	July 31,	196 3
4 0		j		1 -	i. SEX	6. COLOR OR RACE	7. Married	Never Married	8. DATE OF BIRTH	9. AGE (lest b	inhday) IF UNDER 1 YEA	R IF UNDER 24 HR
5 ,		-		ł	Male	White	Widowed	Divorced [3/4/1906	57	Months Days	Hours Min.
				10		(Give kind of work done	10b. KIND OF	BUSINESS OR INDUSTR	Y II. BIRTHPLACE	(City and state or o	country) 12. CITIZEN OF	WHAT COUNTRY
6	≨		H	1	Asst Mer	Lumber Yard	İ		Calumet.	Michigan	u	L .
7 /	2		ΙÍ	13	a. FATHER'S NAME		. 13b. M	OTHER'S MAIDEN NAM			WE OF HUSBAND OR WIFE	
	FOLLOW				Fred Gaudi	no	L	ucy Fetta		1	label	
8 /	ام	İ				IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. INFORMANT	•	Address	
	¥	- -		C	: 1 1	yengivenwar of depart of			Mabel Gau	dino, 109	Trolley Ber	ald.III.
	A L		l l≽	1	18. CAUSE OF BEATH	Majer only one cause per DEATH WAS CAUSED BY:	line	• "	1	0.01	/ A C	NIERVAL BETWEEN
10 [_				K The T	IMMEDIATE CAUSE (a)		es l Hemo	Hage -	- left f	emporal love.	-
11	RECORD EAD OF		DOCUMEN	10		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 -+			7	
	EAG		일		Condition	ns, if any,) DUE TO (t	, dul	to are	risscless	rec		3 days
1261-0	INST	İ		0	O above o	eve rise to source (a),	<u> </u>			77.1		
13	┋╠		 - ∕	1/3		he under- ouse last. DUE TO (c)			33/X		
	5	ł	1 1	Ž	PART II.	OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING TO DEA	1H but not related to	o the terminal	PART III. If deceased	was female was
	-			Ę	\mathcal{A}	disease condition given	ID PAKI (()					No Unknown
_,				A	TO WAS AUTOBSY	20a. ACCIDENT SUICID	E HOMICIDE	20% DESCRIBE HO	W INTURY OCCURRED	D. (Enter nature of	injury in PART I or PART I	
	AMENDMENIS			Y	19. WAS AUTOPSY PERFORMED? YES 12 NO 1	ZOB. ACCIDENT SOICIO		100. 0200		or terror more or		
_				ĕ	20c. TIME OF Hour	Month, Day, Year						
RIBBON	{ }			Š	INJURY a.m.							
IBBC IN		ı		ž	20d. INJURY OCCURRE		OF INJUSY (e.c	in or about home,	20f. CITY, TOWN, O	R LOCATION	COUNTY	STATE
	'	-]	H	1	WHILE AT WORK	☐ farm, f	factory, street, o	ffice bldg., etc.)	7×			_
2 4 8	9	1		•		0 4	1.120 /	9/ 2 ()	31,1963	her	7/3/	1/2
BLACK OR RITER R	READ		1 1	1	21. I attended the dec		30 pm	10 years			my knawledge, from the	causes stated.
¥	9				Death occurred at	<i>U</i>	zou par	m on th		and to the best of	my knowledge, from the	1 22c. DATE SIGNED
USE	SHOULD	-	b		22a. SIGNATURE	9 (Deg	ree or title)	<u></u> , a	22b. ADDRESS	\mathcal{L}	De.	P/// a
USE BLACK OR TYPEWRITER	\ <u>\\\</u>]	1	Henry	16 Latter		· 19. 2.	/	money	City, town, or county)	(State)
1	-	-+-	FFIDAVIT	2	REMOVAL (Specify)	23b. DATE/		OF CEMETERY OR CR				(0.0.0)
	Š			1_	Removal	8-3-63		ld City Cem	etery TE RECD. BY LOCAL F		Illinois.	·
	TEM		∢	2	, FUNERAL DIRECTOR		DRESS		AUG 2 196	100	and Trustle	MD
J	<u> </u>		2	IA.	oort H.Hoppe	Inc. 4700 W	asning to	u otaq1 .	19th # 19th	ו ענ	TO ZO TOURS	· //· • ·

STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

· The service of the forest form

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

. If this body is not embalmed, fact should be so stated above.

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